

REIMBURSEMENT CLAIM

Recreation Aid Project

Form 8700-011 (R 10/01)

INSTRUCTIONS: (Please see the reverse side)

			LEAVE BLANK-DNR USE ONLY		
Mail Check To:		Project Number	Date Recorded		
		Project Sponsor and Name	Bureau CF Initials		
		Claim Number	Bureau FN Initials		
County	<input type="checkbox"/> Advance <input type="checkbox"/> Partial <input type="checkbox"/> Final		Date of Voucher		
Classification		Expenditures		Amendment	This Claim
		This Claim	Submitted to Date		
ACQUISITION	-Land Acquisition	\$	\$	\$	\$
	-Relocation				
DEVELOPMENT	-Architect/Engineer Fees				
	-Construction				
	-Equipment Purchase				
MAINTENANCE					
MISCELLANEOUS (Specify)					
1. Total Expenditures					
A. Approved Project Amount					
B. Cost Overrun (Line 1 minus Line A)					
C. Additional Aid Amt. Requested (Attach explanation)					
2. Grantee Share					
3. Grant Share					

Certification - I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project and the reimbursement represents the grant share due which has not been previously requested. I agree that any payment which exceeds the allowable costs incurred will be repaid to the Department within 30 days of the final audit.

Signature of Authorized Official		Date Signed	
Printed or Typed Name of Authorized Official		Office Phone	Home Phone

FOR DEPARTMENT USE ONLY:	
I certify that I have inspected the project site and that all items represented by this claim are completed and eligible under the appropriate program guidelines.	
Signature	Date Signed

Note: Use of this form is required by the Department for any claim for reimbursement filed pursuant to ch. NR 51, Wis. Admin. Code. The Department will not consider your claim for reimbursement unless you complete and submit this form. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

INSTRUCTIONS: (Please include the Project Number on all attachments.)

Submit one copy of this form (8700-11) to the appropriate DNR regional office (see below) with one copy of the following attachments:

- ACQUISITION:**
1. Reimbursement Claim Worksheet, Form 8700-13.
 2. Photocopy of registered deed / with Restrictive deed clause.
 3. Opinion of title or photocopy of title insurance policy.
 4. Statement of relocation payments.
 5. Closing statement/canceled check
 6. Offer to purchase.
 7. Just compensation.
 8. Environmental hazard assessment.
 9. WI Department of Agriculture impact statement (if applicable).
 10. WI Department of Commerce relocation statement (if applicable)
 11. Statement of program revenue; i.e., sale of buildings, etc.
- DEVELOPMENT**
1. Reimbursement Claim Worksheet, Form 8700-13.
 2. Photocopy of invoices, vouchers and canceled checks.
 3. Photocopy of bid tabulations.
 4. Force account labor/equipment records.
 5. Donation labor/equipment records.
 6. Reimbursement claim and worksheet.
 7. Photocopy of affidavit of publication or bid notice.
- MAINTENANCE**
1. Reimbursement Claim Worksheet, Form 8700-13
 2. Photocopy of vendors invoices, vouchers and canceled checks (front and back sides).
 3. Copy of bid specifications and certified tabulation of bids received.
 4. Photocopy of accepted bid proposals, contracts and change orders.

DEPARTMENT OF NATURAL RESOURCES REGIONAL OFFICES:

Community Services Specialist
Northeast Region
1125 N. Military Avenue
Green Bay, WI 54307
Telephone: 920-492-5821

Community Services Specialist
West Central Region
1300 West Clairemont Avenue
Eau Claire, WI 54702
Telephone: 715-839-3751

Community Services Specialist
South Central Region
3911 Fish Hatchery Road
Fitchburg, WI 53711
Telephone: 608-275-3265

Community Services Specialist
Southeast Region
Box 12436
Milwaukee, WI 53212
Telephone: 414-263-8610

Community Services Specialist
Northern Region
810 Maple Street
Spooner, WI 54801
Telephone: 715-635-4159

OR
Community Services Specialist
Northern Region
107 Sutliff
Rhineland, WI 54501
Telephone: 715-365-8928

Bureau of Finance
Grant Auditor
PO Box 7921
Madison, WI 53707
Telephone: 608-267-7671

**State of Wisconsin
Department of Natural Resources**

